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ABSTRACT

Doctors annually treat between approximately four and eight million Americans for depression. Behavioral changes in depressed individuals are characterized by sadness, loneliness, and apathy. Other symptoms include fatigue, early morning insomnia, loss of appetite, and suicide attempts. Underlying depression may mask itself in physical symptoms, alcohol or drug addiction, and even hyperkinesis in children. The American Psychiatric Association classifies all depressions as either mild, moderate (neurotic), or severe (psychotic). Depression occurs at all ages, from infants to the elderly, and each age group appears to have its own set of depression-provoking situations. Studies indicate that depression may peak in adolescence, drop off between ages 20 and 35, and then slowly rise again. Both heredity and environment appear to play important roles in depression. Current theories suggest that depressive illness results from feelings of helplessness following a loss of self-esteem. Other theories concentrate on faulty thought processes; a person perceives situations incorrectly and this perception affects how he feels. Depressive illnesses respond well to current treatment methods including drug therapy, psychotherapy, milieu therapy, psychodrama, occupational therapy, and electroconvulsive therapy; however, the possibility of suicide must always be considered in cases of depression. (NRB)

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DEPRESSIVE ILLNESS: PERVASIVE YET MYSTIFYING

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Boris Blai, Jr.

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Depressive illness: pervasive yet mystifying

what is depression?

> "Depression is an emotional state of dejection and sadness, ranging from mild discouragment and downheartedness to feelings of utter hopelessness and despair." (Nat'l Association for Mental Health)

Depression is a highly complex disorder. It is a mental health condition that virtually all of us have. In varying degrees, at one time or another in our lives, we suffer from moods of feeling down in the dumps. These feelings are part of normal living when they do not interfere seriously with our everyday activities. However, depression as a mental illness exists when these feelings spread so that the social behavior of individuals and their capacity to function effectively in their usual, normal lifestyle, are severely impaired. And - as soon as a depressive illness is suspected, it is prudent to seek professional help.

Feeling 'low', 'down in the dumps', or 'blue' - these all describe moods which, sometimes, are also known as "feeling depressed". These are perfectly normal and natural ways of responding to personal loses, failures, and disappointments. However - in the United States millions do suffer from a mental-emotional disorder known as depressive illness. This is a condition more intense than, and lasting longer than, everyday 'down' moods of feeling 'low' or feeling 'blue' The depressive feelings of sadness may either be passing ones or deep-seated and prolonged. In addition, these misery feelings may vary in intensity from mere discouragement to utter helplessness.

In the view of the American Psychiatric Association, depressive illness is... "the most common form of mental disorder", and it is now estimated that every year in this country doctors treat between 4 to 8 million Americans for depression. Of this total, about one-quarter of a million, annually, require hospitalization and, unfortunately, there are uncounted others who never receive needed medical assistance. Today, the National Institute of Mental Health consid-

ers that depressive illnesses rival schizophrenia as the Nation's number one mental health problem.

Depression can show itself in many ways and with different degrees of intensity. However, as yet, researchers are not certain whether depressive illness is an aggravated form of normal-mood-depression or whether it is something entirely different. Some believe it stems from a deeply rooted psychological condition, yet others identify biochemical origins in the body as responsible.

In the milder form of illness known as "depressive neuroses", there are a variety of possible sysmptoms. This variety exists among the various forms of depressive illness, but is especially so in neurotic-depression episodes. Such symptoms are: fatigue; early morning sleeplessness; suicide attempts; general feelings of sadness; loss of appetite; feelings of worthlessness and anxiety; and an inability to find pleasure in normal activitiwa. In short, when actual circumstances do not seem to support the depressed individual's gloomy outlook; when the depressions begins to interfere with everyday activities - the capacity to perform work activities effectively and to function in a socially acceptable fashion; that individual is sick, suffering from depressive illness.

serious depression 'signs'

Depressions differ in depth, duration, and degree. However, a common dimension which some psychiatrists regard as a key feature of depression is behavioral change. Depressed people do behave differently than their customary responses, and usually those suffering with depression avoid, rather than seek, gratification and pleasure. The depressed individual is self-neglectful, no longer looking after personal health, personal hygiene, or appearance. The drive to survive may be replaced by suicidal wishes, and the socially-encouraged drive to succeed and achieve may turn into passive,withdrawn behavior.

Perhaps the most obvious and typical sign of depressive illness is the gloomy mood of sadness, lonliness and apathy. However, there are other types of

depressive illness in which periods of deep depression alternate with periods of extreme elation; manic-depressive illness. This too is indicative of serious depressive illness. Thosein the midst of episodes of depression in their lives view themselves in a very critical, negative manner. In addition, they tend to blame themselves for perfectly ordinary faults and shortcomings, exaggerating them and often reproaching themselves for their imagined deficiencies. In general outlok, these depressed individuals are very pessimistic about themselves; they have a 'low' S-E Q - that's Self-Esteem Quotient! They also extend their pessimistic views to the world about them and to the future; they just could care less!

In their depressed state, they often are convinced that they are 'alone' and hopeless. They become less interested in what is going on arourd them and no longer derive satisfaction from the things they formerly enjoyed. Quite common among them are feelings of fatigue, disturbances of sleep, exceptionally early morning insomnia. Feeling constantly tired, depressed people may want to sleep more than usual; they may lose their appetite and lose weight or they may eat more than normally and gain weight! And particularly among women, another depression characteristic is crying spells, whether or not there is some thing to cry about.

To further complicate this picture, some depressive illnesses may not even show the usual telltale signs of moody sadness and dejection. In such cases the underlying depression may mask itself in physical discomfort for the person, or it may exacerbate an addiction to drugs or alcohol. And current thinking suggests that chronic fatigue and boredom, as well as underachievement, may be unrecognized forms of depression.

And finally - there is now evidence that the overly active (hyperkinetic) child may be compensating for an underlying depression. This belief is shared by a number of scientists because the same drugs that relieve depression

in adults seem to help hyperactive children

depression types

For classification convience, there are three principal types of depressive illness. These are:

Neurotic depression: The most common form of depression, it is considered the milder form, 'triggered' by stressful circumstances; i.e. situations which appear to be stressful to the affected individual. The syndrome of symptoms associated with such depression states are - a mood of feeling 'low', dejection, indecisiveness, low self-esteem- (in this connection, it has been noted that as one's self-esteem shrinks so does one's capacity for living comfortably!), anxiety, and at times some physical discomfort, such as insomnia.

Despite its classification nomenclatures as a "milder form of depression illness", nonetheless suicide must be considered to be a very real possibility. Far too often the depressed individuals deterioriate when they experience a feeling of loss of something very important to them. This is a common feeling among depressives, though often in reality there is no valid basis for this feeling. Nonetheless, the loss-feeling is replaced by the unrealistic conviction that the individual is a loser, will always be a loser, is a worthless person, bad, and perhaps not fit to live: the individual may even attempt suicide.

This problem of attempted suicide among seriously depressed people is considered by many as the only "fatal" mental illness. Everyone suffering from depressive illness will not attempt suicide. Neither are all those who attempt suicide necessarily suffering from depressive illness. But - there is a striking relationship. It has been estimated that as many as three-quarters of those who attempt suicide are seriously depressed people. Additionally - other studies indicate that a person who is hospitalized for depression at some time in his life

is about 36 times more likely to commit suicide than a non-depressed person. The greatest risk for this to occur is during or immediately following hospitalization.

The possibility of suicide, after age 40, definitely increases in severely depressed persons. Almost twice as many women as men suffer from depression and almost twice as many women attempt suicide: however, about three time s more men than women actually do.

Needless to say, aside from the very real danger of suicide, depressive illness is indeed a tragic condition. It too often leads to a broken home, ruined friendships, destroyed careers, and thoroughly disrupted lives. Although those afflicted by neurotic depressions may be helped by patient, considerate firends and family, nonetheless many who suffer from depressions require professional assistance. It has been noted that among those hospitalized for depressive illness, three-quarters are neurotic depressions. And of course, literally thousands receive help in community mental health centers, clinics, or under a private physician's care.

Psychotic depression:

A more serious type of depressive illness, psychotic depression, is even more complex than the neurotic type. Clinical researchers of this disorder have grouped such depressions into two major types - one is identified as unipolar, the other as bipolar.

Unipolar depression may be characterized by severely withdrawn and uncommunicative behavior; e.g. pacing the floor, wringing the hands, chattering on about feelings of fear. The depression episodes may only occur once or twice in an entire lifetime or - depressive illness attacks may take place more frequently.

Bipolar, or manic-depressive illness, is characterized by up-down behavioral swings, each phase lasting either from several days up to several years.

On the up-beat, manic phase, the individual loses touch with reality. He becomes absolutely elated and is convinced there is nothing he cannot do. He is easily distracted, his mind may rapidly skip from one grand scheme to another - and he is talkative. However, in the short course of a day this all may change. He can quickly become withdrawn, brooding, or - he can slip into a state of agitated depression.

The more severely afflicted manic-depressive individual has delusions about being unworthy, condemned and criticized, and often believes he is physically altered. The very real danger of a suicidal act makes hospitalization a virtual necessity throughout the first stages of treatment for the psychotically depressed.

Involutional depression:

This term, used less ffequently these days than formerly, refers to a category of mental illness usually found in middle age persons. It has been thought that serious depression is due to disturbances of metabolism, growth, nuitrition or endocrine function. Characteristically, involutionally depressed individuals exhibit worry, chronic insomnia, guilt, anxiety, agitation, and physical complaints.

Current thinking, based upon recent-year evidence, has cast strong doubts that a special kind of depression affects these age groups. Rather, this hypothesis suggests that depressions among these adults cannot be distinguished from other types of psychotic depression.

Classififying the concepts and forms of depression has lead to a semantic jungle. In an effort to alleviate this situation, the American Psychiatric Association has suggested that all depressions, whatever the cause, can be classed as: "Mild" - ('blue' moods)
"Moderate" - (neurotic depressions)
"Severe" - (psychotic depressions)

Generally, the beginning of any depressive episode is clear-vut and well defined. It develops until it has reached its most severe degree, then the individual begins to improve steadily until the episode is completed, and often the improvement is spontaneous.

Characteristically, there is a tendency for depressive illness to recur, but between depressed episodes the individual is free of symptoms. Depression periods may last a few days, a few months, or for several years. In general, they tend to be shorter before the age of 30 than in later years.

Among hospitalized patients the average duration of depression attacks is a bit more than 6 months. Among those not in need of hospitalization, it averages about 3 months.

who gets depressed?
why?

Depression can happen anytime - from the cradle to the grave, and some studies have indicated that depressions appear to peak in adolescence, drop off in frequency in the 20-35 year age group, and then slowly rise again thereafter.

Among infants:

Yes - even babies can become depressed! This appears particularly evident when they apparently miss a loving mother, feel emotionally neglected, or somehow sense that their mothers are themselves downcast. In the words of Dr. Joseph D. Teicher: "These infants look like depressed little old men."

Young children:

Traumatic depression over parental frictiom is not uncommon among young children. In family chaos situations, children can feel lost and unloved, particularly if they are ignored. Additionally, failure at school, punishment, or moving to a new neighborhood and losing ftiends, may bring on a moping bout. Rarely, however, does a young child become as deeply depressed as an adult: young people evidently are more resilient!

The distress of a young child is often expressed as a headache, stomachache, or even misbehavior. Feeling insecure, the child may overeat, lack appetite, be restless, and avoid playing with other children. As in most cases of depression, a sense of worthlessness or guilt may be expressed by the youngster, as well as other signs of self-deprecation: there's that low S-E Q again! Among some psychiatrists the belief is shared that the "hyperactive child" may actually be suffering from depressive illness. And although some children may make suicidal threats, young children are not likely to attempt suicide.

Teenagers:

Despondency among adolescents may be masked behind such socially disapproved behavior as disobeying, underachiving at school, or running away. In general, it is considered "normal" for teenagers to experience low moods related to the turmoil of their age.

By and large, teenager depression illness is likely to be self-limiting. However, if the teenager has a long history of behavior adjustment difficulties, the illness may persist. When the gamut of acting-out attempts, i.e. rebellion, withdrawal, running away, and other efforts to deal with the depressed feelings, fail to bring relief - the teenager may consider suicide the only 'solution' to his difficulties. In reality, such suicide attempts are desperate crys for help!

Young adults:

Depression among college students and other young adults in their twenties and thirties is often sparked by failure in the face of intense social pressure; i.e. competition! Other depressions associated with such young adults include, but are not limited to, the followingsituations:

1- Some college students drop out of college; despondent, depressed, unwilling to go on.

2- Overly ambitious young men and women may desire career goal which, to them, seem depressingly out of reach.

3- Increasingly, marriages among people in these years may prove disenchanted experiences or may actually be dissolved.

4- At this stage of life, work may become disappointing or boring - to the point of becoming a depressing experience.

5- Such everyday occurances as the loss of employment and closing of a plant, with the consequent need to adjust to relocation, can result in people suddenly feeling restless and dejected. This, in turn, slips into depressive illness for some.

6- Numerous doctors have reported a large number of chronically depressed Vietnam veterans who, disenheartened by their war experiences and an indifferent reception at home, became mental health casualties.

7- Not infrequently, depression may follow pregnancy and childbirth. "Maternity blues" seem to be particularly prevalent among women who have been ill-prepared for motherhood,are apprehensive of failure as a mother, or feel very uneasy about assuming responsibility for bringing up a child.

8- Some women in their mid-thirties, feel trapped by what they view as their humdrum, house-bound, routine lifestyle - encapsulated in their assessment of "just a housewife". If her evaluation does lead to her feeling ineffectual as a person, depressive illness can follow.

The middle aged:

The incidence of depression does mount among middle-aged people. Becoming 'victums' of the " middle-age syndrom", one of the more counterproductive concommitants of our slanted, youth-oriented society, this middle-agers feel their youth is slipping away and their physical and emotional reserves are being depleted. It isn't at all unusualy for a depressed, 40-year-old person to bemoan his/her life being "finished", while they natter away about being "useless", "no good", etc. etc.!

Among this group - as among other age groups, they have their concerns

and frets which are more common than others. Here, some researchers claim, depression occurs twice as often as among men. Many 'explanations' have been offered for this difference, but currently there is no convincing, generally-accepted evidence to support any single hypothesis.

For women especially, but also for men, their middle age years mean lonliness and aimlessness when the children have grown and left home/ Coupled with the approach of retirement years, often a major lifestyle transition, depressive illness sometimes becomes a too common phenomenon.

The 'seniors': Often, to become old is accompanied by feelings of depression. Such concerns as financial security, loss of physical strength and flexibility, adjusting to dependency, and a sense of no longer being needed, may well be the explanation. Such depression episodes reactions are a major problem among the more aged. In fact, if not recognized early and treated, such depressions follow a downhill course: in fact, the highest recorded rate of suicide is in men over the age of 60!

The incapacitated: In the aftermath of surgery and when they develop a chronic disease or an acute illness, many individuals become dejected to the degree that they are depressively ill.

Other 'vulnerables': Heavy drinking can lead to a depressive syndrome of chronic intoxication : without question, alcoholics are significantly prone to depression. Those who are furious, fearful, or anxious, ate likely candidates for depressive illness, and drug addicts tend to be depressed when they are off their emotional "highs". Members of families that move frequently are prone to despondency brought on by loses of familiar living patterns and a sense of security. And those identified as "pathological mourners"; i.e. who seek to perpetuate the link with a lost loved one, are prone to their grief turning to

depression episodes of extended duration.

what causes depression?

Today, there is general agreement that both heredity and environmental conditions play important roles in depressive illness. Studies have clearly shown that depression is more likely to occur in a person coming from a family with a history of depressive illness. Investigators have found nearly 23% of depressed patients with depressed mothers, and more than 13% with depressed fathers.

Other studies provide convincing evidences that for the development of at least one form of manic-depressive illness, a dominant gene or genes on the X chromosome may be a necessary condition. In addition, further studies indicate that a manic-depressive can pass on the tendency toward either unipolar depression or manic-depression, thus suggesting that at least two genes are involved.

Considerable evidence has also been amassed suggesting the importance of stress producing situations or events in triggering of a depressive episode. One study at the NIMH (National Institute of Mental Health) found that each of 40 depressed patients suffered from several personal problems in the year preceding their breakdown - the most common factor being a threat to the patient's sexual identity. Other stressful situations were: divorce, moving to another community, psysical illness, and the death of a loved one.

In recent years, other major research of depressive illness has focused upon the chemical changes which occur during depressed states. At present, whether these chemical changes cause depression or are caused by the illness is not clearly understood. Nonetheless, significant abnormalities can be characterised by noting the aberrant functioning of many bodily systems during the peak of a depressive illness - even malfunctioning of the brain itself. An example is the

identification of a "stress hormone" as a possible indicator of future suicide attempts. It was found that a certain chemical excreted in urine (a metabolite of cortisol), was markedly increased over long periods of time among patients who attempted or commited suicide.

prognosis: the chances for recorvery:

Among the psychiatric disorders most responsive to treatment is depressive illness; but it is also the leading cause of psychiatric hospital admissions. Although behavioral scientists do not yet fully understand what causes depression or makes it 'work', current treatment methods, even for a severe incapacitating illness, will usually result in the patient responding qithin a matter of two to six months.

Much of this favorable outlook is due to heartening advances in the use of drugs for mental and emotional illnesses. Coupled with psychotherapy, drugs of various kinds are used for, to-date, no single drug has been found to be effective for treatment of the various kinds of depression. For example, unipolar and bipolar depression respond to entirely different drugs, which givese added support to the genetic evidence that these two serious forms of depression may be entirely separate from each other; i.e. disassociated conditions.

The unipolar depression illness is treated mainly with two groups of drugs - those of the tricyclic chemical family and those that inhibit monoamine oxidase (MAO) enzyme. Quite recently too, a combination of tricyclic drugs with small doses of a thyroid hormone called T3 has provided promising results, especially among women.

A drug known for years, but only in recent years recognized in the United States as a potentially important psychoactive agent is lithium carbonate. Bipolar (manic-depressive) illness seems to be most responsive to its use. In a National Institute of Mental Health-supported study , some 80 percent of the manic-

patients with lithium responded favorably. Other results suggest that lithium may also help relieve the depressed phase of manic-depressive illness.

Electroconvulsive - or electroshock - therapy (ECT) was one of the first effective physical treatments for any mental illness. It is a common method in use today to relieve sufferers of depression. The patient is given drugs to relax his muscles and put him to sleep. An electric current is then applied to the brain through tiny electrodes attached to his scalp. The treatment is entirely painless when properly given. It seems to increase in effectiveness through the use of muscle relaxants and increase the oxygen to the brain. The number of treatments generally needed to clear up a depression episode ranges from 2 to 10.

Depressive neuroses account for the greatest proportion of hospitalized patients. In providing relief from the less severe forms of depression, (the depressive neuroses), drugs and ECT are not as effective as psychotherapy. Except for bedtime sedation, drugs do not seem to be particularly helpful, and ECT is believed to be inappropriate. For depressive neurosis, the main treatment is psychotherapy, either on an individual or group bases. Other treatment modalities include milieu therapy (a carefully-structured environment), occupational therapy, and psychodrama.

Today the most widelt accepted psychological theory of the nature of depression suggests that depressive illness results from feelings of helplessness following a loss of self-esteem. However, results of a five-year research project in the early 1970s, supported by the NIMH, has proposed yet another approach. They suggest that the principal cause of depression may be that the person perceives or sees situations incorrectly; (i,e, not as others do), and this , in turn, affects how he feels.

This particular view holds that rather than thinking he is inadequate and alone because he feels sad and lonely, the depressed person feels sad and

lonely because he thinks he is inadequate and alone. Psychotherapists who hold this view deal primarily with the faulty thought processes of the patient, rather than being concerned with elevating his low mood. In resent years several new treatment approaches have been suggested by mental health authorities who are seeking to alleviate depression episodes from this focus upon 'faulty' thinking. One group gave depressed patients a series of verbal tasks, guaranteeing that the patients would meet with success in their efforts. As these patients began to experience success in performing the tasks, they also began to show increased optimism, improvement in their mood and self-image, (elevated S-E Q: that's Self-Esteem Quotient, again!), and a surprising and sustained improvement in the performance of later tasks.

Another new psychological approach has involved examining the behavior of depressed people in an effort to find out how often "pleasant events" occurred in their lives. These researchers found that depressed persons have fewer social skills and receive more negative and fewer positive reactions from others. Even though other people may be sympathetic at first, they eventually found the depressed person's behavior distastful and would avoid him as much as possible, thus contributing to the depressed individual's feelings of aloneness and unworthiness. Evidently this lack of positive social response from others seems directly related to the depressed person's gloomy mood, as well as the symptoms of slow-down in activity and loss of interest in himself and the world around him.

Currently, in an effort to develop more effective ways to treat and prevent these disabling depressive illnesses, research sponsored by the NIMH is underway in hospitals and laboratories throughout the country. Studies are being continued into the genetic and biochemical aspects of depression, as well as the psychological and social-cultural factors which may be involved. In addition, the NIMH conducts research at the Clinical Center of the National Institutes of

Health in Bethesda, Maryland. There, the following treatments for depressed patients are being studied, developed, and refined:

1- anti-depressant medications - including, but not limited to, lithium, monoamine oxidase inhibitors, and tricyclic drugs.

2- psychotherapy - to better understand personality problems and the sognofocance of environmental stress.

3- work with the patient's spouse - including couple therapy.

4- work therapy program - beginning with small responsibilities on the ward, proceeding to jobs elsewhere in the Clincal Center complex, and finally to gainful employment beyond the hospital environment.

5- milieu therapy - to reeducate patients in the art of coping with social contacts and interacting with groups.

depression and suicide:

The haunting possibility of suicide must always be taken into consideration in cases of depression. Even though a person may appear to be only mildly depressed, this does not by any means exclude the possibility of suicide: there are times when seemingly mild depression has much deeper roots and is more serious than surface-behavior would indicate.

Many people believe that a person who talks about suicide will not attempt it. This is not true, for those who attempt suicide often appeal first for help, (in their desperation) by threatening to do so! If depressed feelings linger, of there seems no apparent reason for a persistent feeling of unhappiness and gloom, professional help should be sought - then!

Even when there appears to be little or no danger of suicide,a physician should be consulted when depression illness is suspected. Although virtually everyone has suffered an unpleasant bout with the blues, this is but a very minor indicator of the kind of mental pain and emotional distress that depression can inflict.

It is true that today much can be done to restore the happiness and well-being of the depressed individual, to relieve his family, his friends, and his co-workers of the terrible burden and strain imposed by depressive illness. But - it is essential - it is imperative - it is vitally important, to discover depressive illness as early in its onset as possible. Yes - modern medicine can help, but early identification plays a large part in the effectiveness of treatment and the speed of recovery.

what can you do to help?

For sufferers of the more moderate forms of depression, (depression neuroses), friends and family members can do a great deal to help relieve their suffering. Keeping the depressed person busy and active often helps. Unfortunately, the condition of depression tends to feed on itself: a moderately depressed person usually becomes apathetic and inactive, and accompanying this inactivity becomes more depressed, more withdrawn, even more inactive: the vicious circle grows!

A depressed person usually finds it difficult to get organized to do even routine chores. Sometimes a regular schedule of activities can help break the vicious circle syndrome. Additionally, establishing a schedule of constructive and pleasurable activities to fill the day can also help the depressed individual.

Still another aid, often prescribed by physicians, is a change of scene. Sometime a week off from work, or a vacation away from home helps the depressed person break away - in his thinkng, feelings, and behavior - from a situation that may be making his feel down in the dumps.

If such friendly interest and efforts to help the depressed person take his mind off of his troubles does not seem to comfort him, it ismost prudent at this point to seek professional/medical help. Simply talking-out the patient's concerns and distress feelings may help alleviate his problem, or perhaps the doctor might prescribe a mild antidepressant or recommend further counseling and/or psychotherapy.

When, specifically, should a depressed person seek help? In the words of Dr. Martin Katz of the NIMH..."Most of us have short periods of depression, and we expect tp ride them out - we've had a lot of experience with them. If they stay on too long and if they filter into other aspects of life, then I thinkwe have to be concerned. When they cut into our work, cut into our capacity to function and to work our way out of depression, then I think we should be seeking help."

As Dr. Beverly T. Mead, professor of psychiatry at Creighton University has so cogently observed:

> "It should be our hope for the future that we can prevent the development of those personalities that predispose too much to depression. Parents and society should teach children to strive realistically without being perfectionists, to accept angry feelings and let them be expressed in constructive ways. They should be able to accept their limitations, seek realisitic goals, and learn to enjoy a life which inevitably has disappointments and frustrations - but also many joys and satisfactions."

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For additional information regarding depression illness see:

"Depression: causes and treatment". Public Affairs Pamphlet No. 488 (50¢). 381 Park Ave, South. New York, N.Y. 10016

"Partners in coping:groups for self and mutual help" Public Affairs Pamphlet No.559. (see above)

"Help for emotional and mental problems" Public Affairs Pamphlet No. 567. (see above)

"Learning about depressive illnesses". DHEW Publication No. (ADM) 77-288 National Institute of Mental Health. 5600 Fishers Lane, Rockville, Md. 20857. (free publication)

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